

# Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



# Behavioral Health Clinic Quality Measures: An Overview

**Presented by the Substance Abuse and  
Mental Health Services Administration  
June 23, 2016**



# Objectives

**To provide:**

- **An overview of the Behavioral Health Clinic (BHC) quality measures**
- **Background on data collection and reporting requirements**
- **An introduction to the specifications and data-reporting templates**
- **An overview of themes from state visits**

# The Measures

- **Source:**  
Appendix A to the CCBHC Certification Criteria  
32 measures -- 17 BHC-lead and 15 state-lead
- **BHC measures as drafted:**  
32 measures -- 14 BHC-lead and 18 state-lead
- **CCBHC measures as modified:**  
21 measures – 9 CCBHC-lead and 12 state-lead



# Changes to the Measures

- **Shifted from CCBHC to state-lead:**
  - *Patient Experience of Care Survey (PEC)*
  - *Youth/Family Experience of Care Survey (Y/FEC)*
  - *Initiation and Engagement of AOD Treatment (IET)*
- **Dropped as inconsistent with current guidelines:**  
**Cardiovascular Health Screening for People with Schizophrenia or Bipolar Disorder who are Prescribed Antipsychotic Medications**
- **Replaced: Follow-up After Discharge from the Emergency Department for Mental Health and Alcohol or Other Dependence, with:**
  - *Follow-Up After Emergency Department Visits for Mental Illness (FUM)*
  - *Follow-Up After Emergency Department Visits for Alcohol and Other Drug Dependence (FUA)*

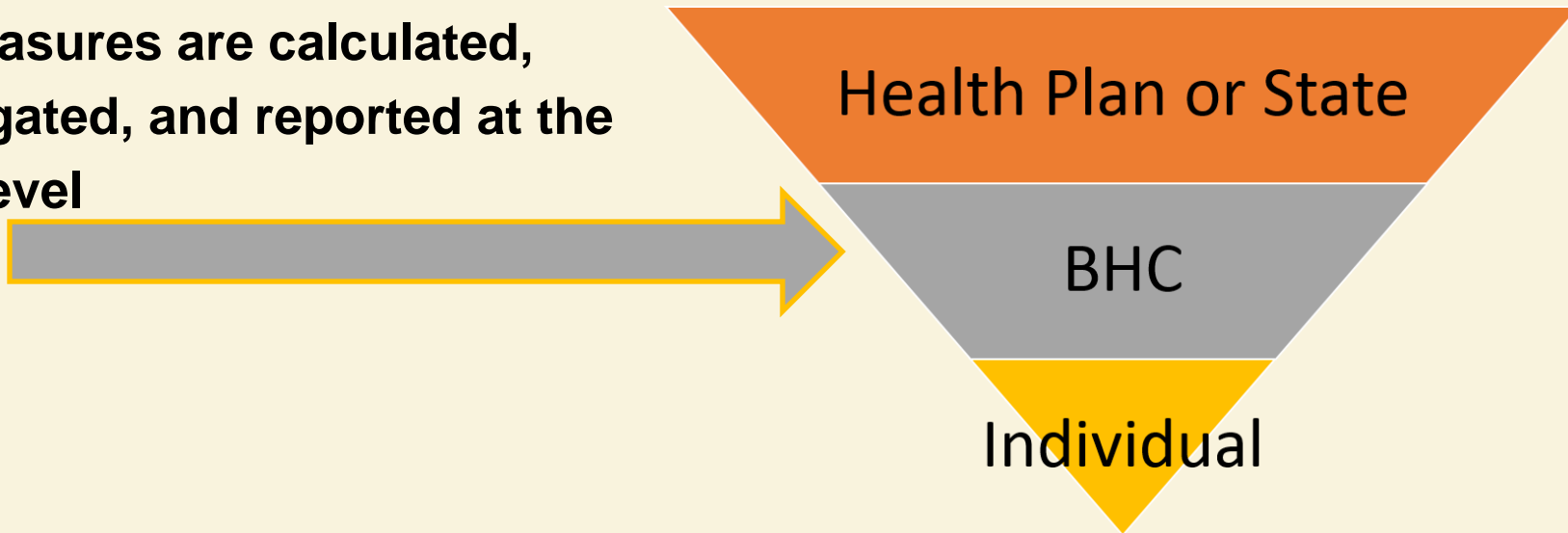


# Dropped as CCBHC-Required

- **CCBHC-Lead:**
  - Routine care
  - Days to comprehensive evaluation
  - Suicide deaths
  - Documentation of current medications
  - Controlling high blood pressure
- **State-Lead:**
  - Suicide attempts
  - Diabetes care (HbA1c poor control)
  - Metabolic monitoring children
  - Cardiovascular health monitoring
  - Adherence to mood stabilizers

# The Level of Reporting and Who Does the Reporting

All measures are calculated, aggregated, and reported at the BHC level



- BHC-lead measures: Report on the BHC population at the BHC level
- State-lead measures: Report on the BHC population at the BHC level

# Consumer Attribution

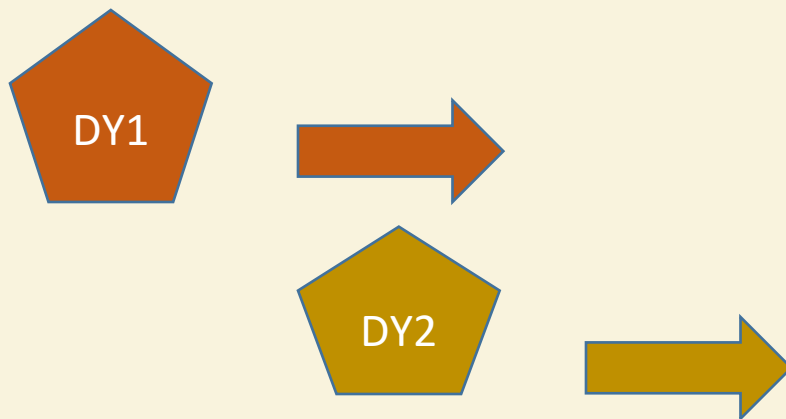
- **Attribution as a BHC consumer for data reporting requires:**
  - Identification / attribution / flagging of data to specific BHCs
  - For CCBHCs, at least ONE service that falls within the CCBHC scope of services during the demonstration year (whether or not provided within the four walls of the clinics)





# When Are Quality Measures and Metrics Reported?

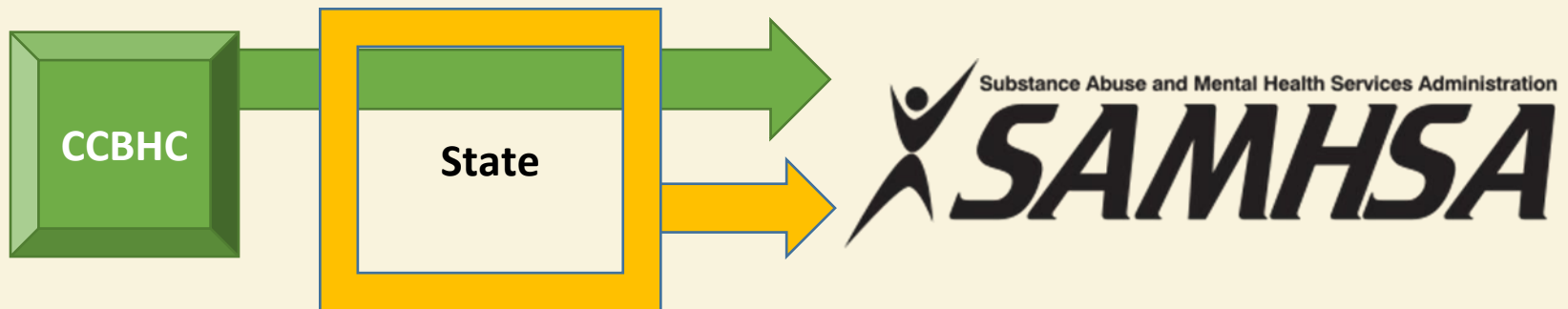
**Measurement Year = Demonstration Year (DY)**



**For Demonstration Years (DY) 1 and 2:**

- **CCBHCs submit within 9 months**
- **States submit within 12 months**

# The Flow of Reporting for Quality Measures



- **CCBHC-reported data and measures:** To their designated state agency
- **State reported data and measures (including those from CCBHCs):** To SAMHSA. SAMHSA will share the data with CMS for purposes of Quality Bonus Payments and with ASPE for purposes of the evaluation.

# What is Reported and How?

## How do we know what to report?

Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA-BH)

Based on a measure stewarded by the  
Centers for Medicare and Medicaid Services (HEDIS 2016)

### A. DESCRIPTION

Percentage of consumers ages 19 to 64 during the measurement year with schizophrenia who were dispensed and remained on an antipsychotic medication for at least 80 percent of their treatment period

**Data Collection Method:** Administrative

#### Guidance for Reporting:

- This measure is stratified by whether the consumer is a Medicaid beneficiary, eligible for both Medicare and Medicaid, and other. For purposes of determining whether a consumer is a Medicaid beneficiary or a dual Medicare and Medicaid enrollee, see Continuous Enrollment, Allowable Gap, and Anchor Date

## How do we report it?

Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA-BH) -- Based on a measure stewarded by the Centers for Medicare and Medicaid Services (HEDIS 2016, Medicaid Adult Core Set)

### A. Measurement Year:

Insert Measurement Year

### B. Data Source:

Select the data source type (select one):

☐ Administrative data only

If Administrative Data only, select source (select all that apply, must select at least one):

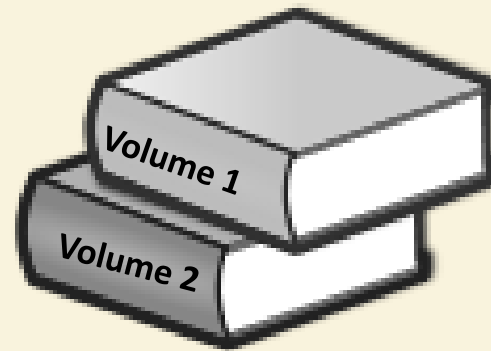
☐ Medicaid Management Information System (MMIS)

☐ Other

If Other selected, specify:

# Specification Components

- Two Volumes
  - Volume 1: Introductory Material and Measure Specifications
  - Volume 2: Appendices
- Data-Reporting Templates



# Specifications

# Specifications:

## Part A. Description

### A. DESCRIPTION

Percentage of consumers ages 19 to 64 during the measurement year with schizophrenia who were dispensed and remained on an antipsychotic medication for at least 80 percent of their treatment period

**Data Collection Method:** Administrative

**Guidance for Reporting:**

- This measure is stratified by whether the consumer is a Medicaid beneficiary, eligible for both Medicare and Medicaid, and other. For purposes of determining whether a consumer is a Medicaid beneficiary or a dual Medicare and Medicaid enrollee, see Continuous Enrollment, Allowable Gap, and Anchor Date requirements below in section C.
- Referenced Value Sets may be found in the BHC Value Set Directory.
- Table SAA-A (Appendix SAA-BH) provides a list of antipsychotics. The National Committee for Quality Assurance's (NCQA) National Drug Code (NDC) current list of antipsychotic medications can be found at: <http://www.ncqa.org/HEDISQualityMeasurement/HEDISMeasures/HEDIS2016.aspx>.
- To the extent possible, include all paid, suspended, pending, and denied claims.
- Refer to the specific data-reporting template for the reporting requirements applicable to each measure and to the Appendices in Volume 2 of this manual.

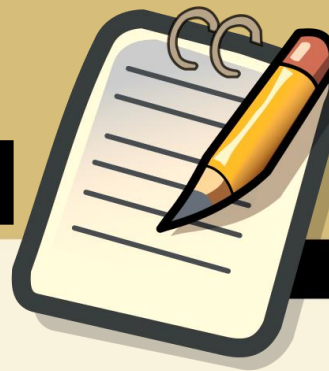
**Measurement Period:** For both the denominator and the numerator, the measurement period is the measurement year.

- Narrative description
- Data collection method
- Guidance for reporting
- Measurement period



# Part A:

# Data Collection Method



## Administrative

- Claims/  
encounter data

## Medical Records

**BHC medical  
records or other  
clinical data  
sources such as:**

- *Electronic health  
records*
- *Paper medical  
records*
- *Clinic registries*
- *Scheduling  
software*

## Hybrid

**The numerator  
combines:**

- *Administrative data  
sources*
- *Medical record data*

**The denominator  
uses a sample of  
the eligible  
population**

# Part A:

## Guidance for Reporting

- **Stratification (varies)**
  - *Payer status (Medicaid, Medicare & Medicaid (duals), Others)*
  - *Age*
- **Code sources**
- **Refers to the data-reporting template**
- **Misc. other matters relevant to the measure**

# Part A:

## Measurement Period (MP)

### Measurement Year (MY)

- For the CCBHC Demonstration Program, the MY is linked to the Demonstration Year and is reported as DY1 or DY2.
- Elsewhere, the MY may align with the fiscal year or calendar year.

### Measurement Period (MP)

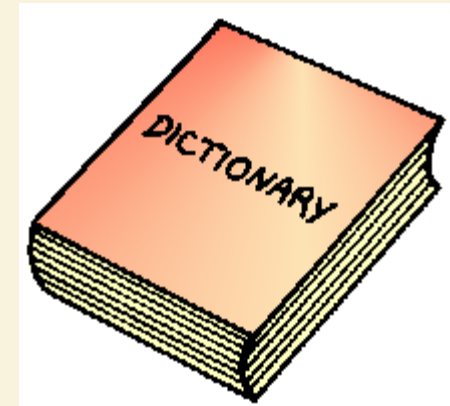
- The MP is the time covered by the data used to calculate the measure.
- It may or may not coincide with the MY.
- It may differ for the numerator and denominator.

# Specifications:

## Part B. Definitions

### B. DEFINITIONS

TERM	DEFINITION
<b>Calculating Number of Days Covered for Long-Acting Injections</b>	Calculate number of days covered (for the numerator) for long-acting injections using the days-supply specified for the medication in Table SAA-A (Appendix SAA-BH). For multiple J Codes or NDCs for the same or different medications on the same day, use the medication with the longest days' supply. For multiple J Codes or NDCs for the same or different medications on different days with overlapping days' supply, count each day within the treatment period only once toward the numerator.
<b>Calculating Number of Days Covered for Oral Medications</b>	<p>If multiple prescriptions for the same or different oral medications are dispensed on the same day, calculate number of days covered by an antipsychotic medication (for the numerator) using the prescription with the longest days' supply.</p> <p>If multiple prescriptions for different oral medications are dispensed on different days, count each day within the treatment period only once toward the numerator.</p> <p>If multiple prescriptions for the same oral medication are dispensed on different days, sum the days' supply and use the total to calculate the number of days covered by an antipsychotic medication (for the numerator). For example, if three antipsychotic prescriptions for the</p>



## Measure specific definitions

# Specifications:

## Part C. Eligible Population

- Age
- Insurance requirements on claims - based data
  - *Continuous enrollment, allowable insurance gaps, anchor date, and benefits*
- Event/Diagnosis: step by step

### C. ELIGIBLE POPULATION

CRITERIA	REQUIREMENTS
Age	Consumers aged 19 to 64 years as of the last day of the measurement year
Continuous Enrollment	The measurement year
Allowable Gap	No more than one gap in enrollment of up to 45 days during the measurement year. To determine continuous enrollment for a consumer for whom enrollment is verified monthly, the consumer may not have more than a 1-month gap in coverage (i.e., a consumer whose coverage lapses for 2 months [60 days] is not considered continuously enrolled).
Anchor Date	The last day of the measurement year
Benefits	Medical and pharmacy
Event/Diagnosis	Follow the steps below to identify the eligible population:  <i>Step 1</i> Identify consumers flagged as having been seen at the provider entity at least once during the measurement year.  <i>Step 2</i> Identify consumers from step 1 who were aged 19 to 64 years as of the last day of the measurement year.  <i>Step 3</i>

# Specifications:

## Part D. Specification

### D. ADMINISTRATIVE SPECIFICATION

#### Denominator

The number of consumers in the eligible population (Section C)

#### Numerator

The number of consumers who achieved a PDC of at least 80 percent for their antipsychotic medications (Table SAA-A (Appendix SAA-BH); Long-Acting Injections 14 Days Supply Value Set; Long-Acting Injections 28 Days Supply Value Set) during the measurement year.

Follow the steps below to identify numerator compliance:

#### Step 1

Identify the IPSD. The IPSD is the earliest dispensing event for any antipsychotic medication (Table SAA-A (Appendix SAA-BH); Long-Acting Injections 14 Days Supply Value Set; Long-Acting Injections 28 Days Supply Value Set) during the measurement year.

#### Step 2

To determine the treatment period, calculate the number of days beginning on the IPSD

- **Denominator**
  - *Eligible population*
  - *Exclusions*
- **Numerator**
  - *Defined*
  - *Exclusions*



# Specifications:

## Part E. Additional Notes

### E. ADDITIONAL NOTES

The source measure is designed for the Medicaid population and is not risk adjusted. The source measure was specified and tested at the health plan level. This measure is modified to require clinic-level reporting, and to be consistent in format with other measures in this set of BHC measures, but is not tested at the clinic level.

Interpretation of score: Better quality = Higher score

- Most have this section
- Information on source measure
- Information on performance measure rate interpretation

# Value Sets and Codes

## Numerator

The number of consumers who achieved a PDC of at least 80 percent for their antipsychotic medications (Table SAA-A (Appendix SAA-BH); Long-Acting Injections 14 Days Supply Value Set; Long-Acting Injections 28 Days Supply Value Set) during the measurement year.

Follow the steps below to identify numerator compliance:

### Step 1

Identify the IPSD. The IPSD is the earliest dispensing event for any antipsychotic medication (Table SAA-A (Appendix SAA-BH); Long-Acting Injections 14 Days Supply Value Set; Long-Acting Injections 28 Days Supply Value Set) during the measurement year.

### Step 2

To determine the treatment period, calculate the number of days beginning on the IPSD through the end of the measurement year.

### Step 3

Count the days covered by at least one antipsychotic medication (Table SAA-A (Appendix SAA-BH); Long-Acting Injections 14 Days Supply Value Set; Long-Acting Injections 28 Days Supply Value Set) during the treatment period. To ensure that the day's supply does not exceed the treatment period, subtract any day's supply that extends beyond the last day of the measurement year.

### Step 4

- Many measures (state reported especially) use value sets to identify billing or diagnostic codes for calculation.
- Value set information for measures is derived from different sources depending on measure:
  - *HEDIS-derived measures*
  - *Other NCQA-derived measures*
  - *CMS measures*
  - *Other measures prepared by different stewards*
- If no value set, codes are provided

# Other Parts of the Specifications

**Introductory material: Covers what we have discussed plus much more**

## **Volume 2:**

- **Appendix of measurement periods**
- **Value set directory user manual**
- **Guidance for selecting sample sizes**
- **Definitions of practitioner types**
- **Measure-specific appendices**
  - Examples
  - Code tables

### **EXAMPLE**

*Eligible Population or Denominator:* Calculate the denominator as follows, with the measurement period being the measurement year (MY):

1. Number of consumers aged 18 or older who were seen at the clinic during the MY: 1,000
2. Number of visits during the MY by those 1,000 consumers: 6,000
3. Number of visits where the consumer was in an urgent or emergent medical situation where time was of the essence and to delay treatment would jeopardize the consumer's health status: 500
4. Of the 5,500 nonexcluded visits, 3,000 are by Medicaid beneficiaries, 1,000 are by consumers who are beneficiaries of both Medicare and Medicaid, and 1,500 are by consumers who are neither.

⊕ Calculate as follows:

Steps in calculation	Medicaid	Medicare & Medicaid	Neither	Total
Number of visits by age and encounter-eligible consumers during the MY	3,200	1,200	1,600	6,000
From those, exclude visits where there were medical reasons for not screening (G8430)	200	200	100	500
<b>Denominator</b>	<b>3,200-200 = 3,000</b>	<b>1,200-200 = 1,000</b>	<b>1,600-100 = 1,500</b>	<b>6,000-500 = 5,500</b>

# Data-Reporting Templates

# Template Components

- **Instructions for completion**
- **Divided into BHC-Lead and State-Lead sections with identifier for the BHC**
- **Case load characteristics**
- **One worksheet per measure**
- **Roll-up**
- **Measurement periods**

# Case Load Characteristics

Case Load Characteristics

Characteristic	Number	Percent
<b>Age</b>		
0-11 years		
12-17 years		
18-64 years		
65+ years		
Unknown		
<b>Gender</b>		
Women		
Men		
Other		
Unknown		
<b>Ethnicity</b>		
Not Hispanic or Latino		
Hispanic or Latino		
Unknown		
<b>Race</b>		
Non-Latino/White		
Non-Latino/Black or African American		
Non-Latino/American Indian or Alaskan Native		

- Completed by the BHC
- Automatically computes percent for each row



# Section A. Measurement Year

For each measure:

- **Insert measurement year (MY)**
  - *If CCHBCs, use the Demonstration Year and designate it DY1 or DY2*

Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA-BH) -- Based on a measure stewarded by the Centers for Medicare and Medicaid Services (HEDIS 2016, Medicaid Adult Core Set)

A. Measurement Year:

Insert Measurement Year

# Section B. Data Sources

**B. Data Source:**

Select the data source type (select one):

☐ Administrative data only

If Administrative Data only, select source (select all that apply, must select at least one):

☐ Medicaid Management Information System (MMIS)

☐ Other

If Other selected, specify:

☐ Other

If Other selected, specify:

- **Depending on the measure:**
  - *Administrative*
  - *Medical records*
  - *Hybrid*
  - *Survey*
  - *URS/MHBG data*

# Section C. Date Range for Measurement Period

C. Date Range:	
Denominator Start Date (mm/dd/yyyy)	<input type="text"/>
Denominator End Date (mm/dd/yyyy)	<input type="text"/>
Numerator Start Date (mm/dd/yyyy)	<input type="text"/>
Numerator End Date (mm/dd/yyyy)	<input type="text"/>

- **Separate start and end date for denominator and numerator respectively**

# Section D.

## Performance Measure

### D. Performance Measure:

The percentage of consumers ages 19 to 64 during the measurement year with schizophrenia who were dispensed and remained on an antipsychotic medication for at least 80 percent of their treatment period

The measure is stratified to report Medicaid, Medicare & Medicaid, other, and total population.

	Numerator	Denominator	Rate
Medicaid			
Medicare & Medicaid			
Other			
Total	0	0	

- Description of measure
- Stratification information
- Table to insert numerator and denominator
- Totals and rates are calculated automatically

# Section E. Adherence to Measurement Specifications

- Identifies population included
- Identifies areas where calculation of measure or data reported may not adhere to measurement specifications

E. Adherence to Measure Specifications:	
Population included in the denominator (select all that apply, must select at least one):	
<input type="checkbox"/>	Medicaid population
<input type="checkbox"/>	CHIP population (e.g., pregnant women)
<input type="checkbox"/>	Medicare population
<input type="checkbox"/>	Medicare and Medicaid Dually-Eligible population
<input type="checkbox"/>	VHA/TRICARE population
<input type="checkbox"/>	Commerically insured population
<input type="checkbox"/>	Uninsured population
<input type="checkbox"/>	Other
<input type="checkbox"/>	If Other, explain whether the denominator is a subset of definitions selected above, please further define the denominator, and indicate the number of clients excluded:
<input type="checkbox"/>	
<input type="checkbox"/>	Did your calculation of the measure deviate from the measure specification in any way? (Enter Yes or No)
<input type="checkbox"/>	If Yes, the measure differs, explain how the calculation differed and why:
<input type="checkbox"/>	
<input type="checkbox"/>	Does this denominator represent your total measure eligible population as defined by the Technical Specifications for this measure? (Enter Yes or No)
<input type="checkbox"/>	If No, the denominator doesn't represent your total eligible population, explain which populations are

# Section F. Additional Notes



F. Additional Notes:

Please note anything you would like to tell us below about reporting this measure:

- Space provided for additional information the reporter thinks important to communicate



# Roll-Up Table

Roll-Up Report			
Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA-BH)			
	Numerator	Denominator	Rate
Medicaid	0	0	
Medicare & Medicaid	0	0	
Other	0	0	
Total	0	0	

- **Separate worksheet near end of templates**
- **Automatically filled from the Section D entries for each measure**

# Measurement Period Tables

Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA-BH)	
DY1	
Jan. 1, 2017 – Dec. 31, 2017	
Feb. 1, 2017 – Jan. 31, 2018	
March 1, 2017 – Feb. 28, 2018	
April 1, 2017 – March 31, 2018	
May 1, 2017 – April 30, 2018	
June 1, 2017 – May 31, 2018	
July 1, 2017 – June 30, 2018	
DY2	
Jan. 1, 2018 – Dec. 31, 2018	
Feb. 1, 2018 – Jan. 31, 2019	
March 1, 2018 – Feb. 28, 2019	
April 1, 2018 – March 31, 2019	
May 1, 2018 – April 30, 2019	
June 1, 2018 – May 31, 2019	
July 1, 2018 – June 30, 2019	
DY1	
Jan. 1, 2017 – Dec. 31, 2017	
Feb. 1, 2017 – Jan. 31, 2018	
March 1, 2017 – Feb. 28, 2018	
April 1, 2017 – March 31, 2018	
May 1, 2017 – April 30, 2018	
June 1, 2017 – May 31, 2018	

- Last worksheet in workbook
- Provides measurement periods for each measure for CCBHC calculation based on when the state's Demonstration Years begin and end



# Some Themes from State Visits

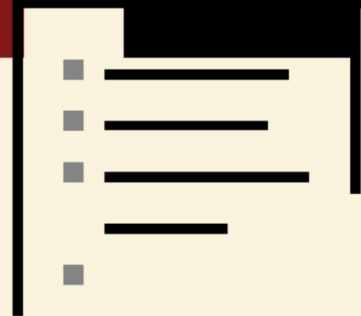
# Site Visits

- **SAMHSA's contractor, Truven Health Analytics, visited 3 states to determine how best to structure the 8 technical assistance webinars that will be provided this summer.**
- **Contractor met with state officials and providers.**
- **SAMHSA was not informed of which states were visited to prevent any potential effect on the selection of states for the demonstration program.**

# Selection Criteria for Visits

**From the group of volunteers:**

- **Geographic representation by region**
- **Predominantly urban vs rural vs mixed**
- **Many vs few CCBHCs expected to be certified**
- **Different levels of integration of mental health and substance use disorder treatment**
- **Different levels of managed care penetration**
- **Special populations of interest**



# Road Map for Implementation --

## Highlights



- **Build on current quality measure activity in your state for other programs:**
  - *For example: FQHCs; meaningful use; health homes*
- **Map data systems**
  - *How centralized are the data collection and reporting systems in your state?*
  - *Determine EHR capabilities*
  - *Determine whether new measures will require hand entry or batch entry*

# Road Map for Implementation

## Highlights



- Pull together interdisciplinary working groups at the state and CCBHC level to review measures and map systems
- Develop and implement IT quality and testing protocols
- Develop and implement data collection training protocols
- Determine how to make Continuous Quality Improvement work during a two year demonstration, especially given data lags

# Think About ....

**For States: Attribution of a client to a CCBHC in the state data**

**For States: Timeliness and access to information on dual eligibles**

**For States: Degree of MCO penetration, movement of individuals among MCOs, and access to data for the eligible population**

**For States: Effects of PPS or Managed Care:**

- *How to accurately report encounters if payment is bundled?*

**For CCBHCs and States: DCOs:**

- *Obtaining the data:*
  - **Will CCBHCs have them enter into their system, provide data another way, or is the information available to the state directly from the DCOs?**

**For CCBHCs and States: Do data actually reflect what is happening on the ground?**

- *Coding for SA diagnoses*
- *Coding of certain HCPCS G codes*



# As You Approach the Task

## Consider clinic burden

- *Is there duplication of data entry for providers across multiple systems?*

## Remember the importance of improvement – not just compliance

- *Build in feedback loops and improvements in care*
- *Important to set a tone of a continuous learning process*

## Build an interdisciplinary team

- *Understanding problems and systems development through multiple lens*
- *Make an effort to understand the different perspectives*

## Consider how 42 CFR Part 2 will affect decisions

- *Are the SU and MH data unified or separate?*
- *Can the state calculate measures capturing the entire relevant population if the data are separate?*
- *Bring the different agencies together*

## Consider how you will know when a patient is discharged from the hospital or an ED

# Clinic-Level Considerations

- **Timeline for completing necessary processes**
  - *Developing data systems*
  - *Programming specs*
  - *Testing and validating systems*
  - *Training providers*
  - *Ensuring consistency in provider entry*
- **Collaboration at a clinic level**
  - *Interdisciplinary planning teams (e.g., administrators, IT providers, clinicians)*
  - *Feedback loops from IT to providers and back again*
  - *Consistency in membership on teams over time*

# Keep the Quality Measure Process in Perspective

- There is never a perfect measure
- Use the measure to represent the activities happening on the ground as closely as possible
- Although not perfect, measures can be used to improve care. For example:
  - *Shining a spotlight on systems improvements that need to be integrated (e.g., attention to both physical and behavioral health issues at the same time)*
  - *Awareness of inappropriate ED visits*
  - *Improved coordination of care*
  - *Consistent medication management*

# Questions?

# Webinar Schedule

- 1: July 12: Introduction and Background – **States and BHCs**
- 2: July 19: State-Reported Measures – **States Only**
- 3: July 26: State-Reported Measures – **States Only**
- 4: August 2: Clinic-Reported Measures – **States and BHCs**
- 5: August 9: Clinic-Reported Measures – **States and BHCs**
- 6: August 16: Special Issues – **States and BHCs**
- 7: August 23: Special Issues – **States and BHCs**
- 8: September 6: Non-Required Measures – **States Only**

**All scheduled for Tuesdays 2:00 to 3:30 pm ET**

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People Recover